



**EQUIPMENT REPAIR FORM**

DATE: \_\_\_ / \_\_\_ / \_\_\_

JOB# \_\_\_\_\_

COMPANY NAME \* : \_\_\_\_\_

OR

CONTACT PERSON \* : \_\_\_\_\_

TELEPHONE \* : (     ) \_\_\_\_\_ - \_\_\_\_\_ & EMAIL \* : \_\_\_\_\_

BILLING ADDRESS \* : \_\_\_\_\_

CITY \* : \_\_\_\_\_ STATE \* : \_\_\_\_\_ ZIP CODE \* : \_\_\_\_\_

\*\*PLEASE NOTE: SOUND SURGEON WILL NOT SHIP TO P.O. BOX ADDRESSES\*\*

SHIP TO ADDRESS IF DIFFERENT FROM ABOVE:

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PAYMENT: VISA/MC/DISC./AMX# \_\_\_\_\_ EXP DATE \_\_\_\_\_

\_\_\_ CALL FIRST IF REPAIR IS OVER \$ \_\_\_\_\_ CVC CODE: \_\_\_\_\_

PROVIDE A BRIEF, DETAILED DESCRIPTION OF THE PROBLEM WITH YOUR UNIT AND ANY SPECIFIC PARTS YOU WOULD LIKE REPLACED. WE WILL PROVIDE A NO CHARGE EVALUATION AND ESTIMATE BEFORE ANY WORK IS DONE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF RETURNING PRODUCT(S) FOR WARRANTY SERVICE, INCLUDE A COPY OF YOUR PURCHASE RECEIPT. THE COMPANY AGREES TO CORRECT OR REPLACE ANY DEFECTS OR ERRORS IN THE PRODUCT FOR TWO (2) YEARS FROM THE INITIAL DATE OF RETAIL PURCHASE FROM AN AUTHORIZED BEYERDYNAMIC DEALER

\*\*\*\*\*TECHNICIAN REPORT\*\*\*\*\*

QTY	ITEM #	WORK DONE	PRICING

**PLEASE COMPLETE ANY FIELDS MARKED WITH A \* AND SHIP TO THE FOLLOWING ADDRESS**

THE SOUND SURGEON, INC. (AUTHORIZED SERVICE CENTER) ATTN: PETER CASTELLI  
1041G WEST JERICHO TPKE SMITHTOWN, NY 11787 • (631)-864-2450 Fax (631)-864-2452  
EMAIL: surgeon2@optonline.net



**Dear Customer,**

Beyerdynamic would like to thank you for your business. Please contact Sound Surgeon Inc. for any Parts Orders and Repairs. For all Consumer, Conference and Pro Audio repairs please refer to the following instructions. For Aviation units please contact Beyerdynamic directly at (631) 293-3200, or [www.beyerdynamic-usa.com](http://www.beyerdynamic-usa.com)

**PLEASE FOLLOW THE INSTRUCTIONS BELOW**

PRINT THE EQUIPMENT REPAIR FORM AND DO THE FOLLOWING

1. FILL OUT THE REPAIR FORM (FIELDS MARKED WITH AN (\*) ARE REQUIRED)
2. FILL IN PAYMENT INFORMATION (WARRANTY REPAIRS ARE EXEMPT)
3. SHIP THE UNIT AND REPAIR FORM TO:

THE SOUND SURGEON, INC (AUTHORIZED SERVICE CENTER)  
ATTN: PETER CASTELLI  
1041-G WEST JERICHO TURNPIKE, SMITHTOWN, NY 11787  
(631) 864-2450 Fax (631) 864-2452

**(UPS, FEDEX AND USPS ARE ALL ACCEPTABLE FORMS OF SHIPPING)**

4. IF LOCAL, DROP-OFF AND PICK-UP OF UNIT CAN BE ARRANGED

**RETURN AUTHORIZATION NUMBERS ARE NOT REQUIRED**  
**DO NOT FILL OUT JOB NUMBER OR TECHNICIAN REPORT**  
**PLEASE WRITE LEGIBLY AND NEATLY**